

Financial Disclosure Statement

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STATEMENT FOR FILING JANUARY 15, 2006
 Nevada Commission on Ethics
 FINANCIAL DISCLOSURE STATEMENT
 (attach additional sheets if necessary)

FILE
 AUG 23 2005 1375
 DEAN HELLER
 SECRETARY OF STATE

name Grace Powrie telephone 775-635-5882
 address 621 Elquist Drive city, state, zip Battle Mountain, Nevada 89820
 length of residence in Nevada 46 yrs 11 mo district where registered to vote District 2 [NRS 281.571, Subsection 1(a)]

list all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| public office | annual compensation | term or date appointed | annual (3/31) NRS 281.561(1)(c) | candidate NRS 281.561(1)(a) | NEW appointment NRS 281.561(1)(b) | leaving office NRS 281.561(1)(d) |
|-------------------------|---------------------|------------------------|-------------------------------------|-----------------------------|-----------------------------------|----------------------------------|
| Lander County Treasurer | 54,227 | Jan 7, 2003 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

list all general sources of income for you and members of your household over 18 [NRS 281.571, Subsection 1(b)]:

| source | self | household member |
|---------------|-------------------------------------|--------------------------|
| Lander County | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

list each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

| creditor | | |
|----------|--------------------------|--------------------------|
| N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

list each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust, joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

| business entity | | |
|-----------------|--------------------------|--------------------------|
| N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

list specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

| specific location | particular use |
|---|----------------|
| 10-270-01 Lot 1, (25.44AC+/-) port 10/32N/44E | Undeveloped |
| | |
| | |

list the identity of donor and value of each gift of all gifts received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, judicial or political action] [NRS 281.571, Subsection 1(e)]:

| donor | value of gift |
|-------|---------------|
| N/A | |
| | |
| | |

I AFFIRM THAT ALL INFORMATION HEREIN IS ACCURATE AND COMPLETE.

Date: August 19, 2005 Signature: Grace Powrie